BEST AVAILABLE COPY

J. plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	39min	us 20=	. 19			X\$ 9=	(7/	OR	X\$18=	
IND	EPENDENT CL	AIMŞ	3 minus 3 = *			_		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2									526	OR	TOTAL	
CLAIMS AS AMENDED - PART II								1			OTHER	THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL E	NTITY	OR	SMALL	NTITY	
AMENDMENT A	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	** 3	9	=		X\$ 9=		OR	X\$18=	
	Independent	* /Z NTATION OF MI	Minus	***	T CLAIM	=		X40=		OR	X80=	
				ENDEN	. 02		1	+135=		OR	+270=	
			· •					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDITITEE		•	/2011.122	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	₹	7	=		X\$ 9=	1	OR	X\$18=	
	Independent	. 3	Minus	***	3	=		X40=		OR	X80=	j
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J					/
								+135=/		OR	+270=	_/_
		A				0 0		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_	l(,	(Column 1) CLAIMS	7		mn 2) HEST	(Column 3)	4.			_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.37	Minus	3	9	=		X\$ 9=	1	OR	X\$18=	1/2
	Independent	* 3	Minus	***	T CL AINA	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=								OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									OR	TOTAL	<i>;</i> /	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			1000,000			- Line and position and		RATE	FEE	J	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=					X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		•			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART					T II					•	OTHER	THAN
(Column 1) (Column 1) (Column 1)					(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY	
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	** 6	39	=		X\$ 9=	1.	OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	*** S	CLAIM			X40=		OR	X80=	
	THOTTHEOL	INTATION OF THE		LINDLINI	CLAIIVI		-	+135=		OR	+270=	
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	/
U		(Column 1)		(Colu	mn 2)	(Column 3)	70	,D11.1 CC			ADDI1.1 LL1	/
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	· 36	Minus	2	39	=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	3	=		X40=		OR	X80=	
	FIRST PRESE	CLAIM		!	+135=		OR	+270=				
									/		TOTAL	
		(0.1			- 1	12.	AD	DIT. FEE	·	OR	ADDIT. FEE	
n.		(Column 1) CLAIMS		(Colur		(Column 3)	_					
AMENDMENT		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	CL AINA	= [X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.125			. 070	
: 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							+135= TOTAL		OR	+270= TOTAL	
***	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE i	is less tha	n 3, enter "3."	ADI	DIT. FEE			ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												